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ITEM 13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

5. School Health Services (continued)

E. Nutrition Services

Evaluation and treatment services related to a child's nutritional needs, as allowed by 42 CFR 440.130(d). Nutrition services are child specific and must be medically necessary to treat and correct problems such as eating disorders, food intake deficits, and excessive weight gain or loss which result from other medical problems, psychological issues, metabolic diseases, etc. The service includes assistance with assessments and care plan development. More specifically, it includes modification of child-specific food menus and counseling so as to provide the maximum reduction of physical and/or mental disability and the restoration of the child to his/her best possible functional level. Services do not include coverage of general nutritional services such as those provided by a school's hot lunch program.

Services must be furnished by dietitians who meet state certification requirements.

F. Physical Therapy

Evaluation and treatment services for the purpose of preventing, restoring, or alleviating a lost or impaired physical function. Services are performed by or under the direction of a qualified physical therapist. A qualified physical therapist is an individual who is a graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent, and is licensed by the State of Vermont.

G. Speech, Hearing and Language Services

Evaluation and treatment services related to speech, hearing or language disorders which result in communication disabilities. Services are performed by or under the direction of a speech-language pathologist or audiologist who has a certificate of clinical competence from the American Speech and Hearing Association, or who has the equivalent education and work experience, or who has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

TN# 98 - 6
Supersedes
TN# 94 - 19

Effective Date: 2/22/98

Approval Date: 5/14/98

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ITEM 13. Other diagnostic, screening, preventive and rehabilitative services,
i.e., other than those provided elsewhere in the plan.

5. School Health Services (continued)

H. Occupational Therapy

Evaluation and treatment services to implement a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in daily pursuits. Services are performed by or under the direction of a qualified occupational therapist who is registered by the American Occupational Therapy Association or who is a graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and is engaged in the supplemental clinical experience required before registration by the AOTA.

I. Mental Health Counseling

Evaluation and treatment services involving mental, emotional or behavioral problems, disturbances and dysfunctions. Services are individual, group, or family counseling when provided by a psychiatrist, psychologist, clinical social worker, or other licensed or certified mental health practitioner.

J. Rehabilitative Nursing Services

Services provided by a licensed nurse including medical monitoring and provision of other medical rehabilitative services.

K. Developmental and Assistive Therapy

Services provided in order to promote normal development by correcting deficits in the child's affective, cognitive, behavioral, or psychomotor/fine motor skills development, when such services are identified in the IEP/IFSP. Services include application of techniques and methods designed to overcome disabilities, improve cognitive skills, and modify behavior. Services are furnished by or under the direction of licensed professionals who meet qualifications established by the LEA, or who meet applicable state licensure or certification requirements.

TN# 98 - 6
Supersedes
TN# 94 - 19

Effective Date: 2/22/98

Approval Date: 5/18/98

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ITEM 13. Other diagnostic, screening, preventive and rehabilitative services,
i.e., than those provided elsewhere in the plan.

5. School Health Services (continued)

L. Personal Care

Services related to a child's physical or behavioral requirements, including assistance with eating, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, use of adaptive equipment, ambulation and exercise, behavior modification, and other remedial services necessary to promote a child's ability to participate in, and benefit from, the educational setting. Services are furnished by providers who have satisfactorily completed a training program for home health aides/nursing assistants, or other equivalent training, or who have appropriate background and experience in the provision of personal care or related services for individuals with a need for assistance due to physical or behavioral conditions and meet qualifications established by the LEA. Personal care providers must be employed by a school, school district or Supervisory Union. Personal care services are not covered when provided to recipients by their parents, including natural, adoptive and step-parents.

M. Case Management

Services designed to assist children in gaining access to, and coordinating the delivery of, medical services, including interaction with providers, monitoring treatment and interaction with parents and guardians. Services are furnished by qualified providers who based on their education, training and experience, have been designated as such by either the Agency of Human Services, Department of Education or the LEA.

N. Medical Transportation

Transportation services to or from necessary medical care. Services are furnished by providers who meet the qualifications established by the LEA.

TN# 98 - 6
Supersedes
TN# 94 - 19

Effective Date: 2/22/98

Approval Date: 5/14/98

12/15/94

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ITEM 13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

6. Child Sexual Abuse and Juvenile Sex Offender Treatment Services

Child Sexual Abuse and Juvenile Sex Offender treatment services are individual, group and client-centered family counseling; care coordination; and clinical review and consultation services provided to children who have been sexually abused or who are sexual offenders. Services must be authorized by the Department of Social and Rehabilitation Services.

These services are not available to inmates of public institutions and/or prisons. Also, reimbursement by Medicaid is non-duplicative of other public or private funding sources.

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TN# 94-20
Supersedes
TN# None

Effective Date: 8/1/94

Approval Date: 12/13/94

12/5/94

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ITEM 13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

7. Intensive Family Based Services

Intensive Family Based Services are family-focused, in-home treatment services for children that include crisis intervention, individual and family counseling, basic living skills and care coordination. Services are authorized by the Department of Social and Rehabilitation Services or the Department of Mental Health and Mental Retardation and are furnished by providers who meet qualifications specified by the Department of Social and Rehabilitation Services.

Reimbursement for Intensive Family Based Services will not duplicate reimbursement from other State Plan, other public, or other private funding sources.

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TN# 94-24
Supersedes
TN# None

Effective Date: 7/1/94

Approval Date: 12/13/94

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ITEM 13. Other diagnostic, screening, preventive and rehabilitative services, i.e.,
 other than those provided elsewhere in the plan.

8. Developmental Therapy

Evaluation and treatment services provided to a child in order to promote normal development by correcting deficits in the child's affective, cognitive and psychomotor development. Services must be specified in a child's Individualized Family Service Plan (IFSP) under Part H of the Individuals with Disabilities Education Act (IDEA) and must be furnished by providers who meet applicable state licensure or certification requirements.

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TN# 96-13
Supersedes
TN# None

Effective Date: ~~7/1/96~~ 10/1/96

Approval Date: 11/13/96

- ITEM 13. Other diagnostic, screening, preventive and rehabilitative services. i.e., other than those provided elsewhere in the plan.

9. Day Health Rehabilitation Services

Day Health Rehabilitation Services are provided to individuals with physical or cognitive impairments who are not residing in a nursing home, nor receiving enhanced residential care services or other similar services. Day Health Rehabilitation Services are intended to maintain optimal functioning and prevent or delay the need for the level of services provided in a nursing facility. The services provided at a Day Health Rehabilitation Center are health assessment and screening, health monitoring and education, nursing, personal care, physical therapy, occupational therapy, speech therapy, social work, and nutrition counseling/services. Beneficiaries are determined eligible for Day Health Rehabilitation Services by the Department of Aging and Disabilities. The intensity of services provided to each individual is in accordance with the individual's plan of care and is provided under the supervision of a registered nurse.

The services are furnished by providers who meet the qualifications specified by the Department of Aging and Disabilities. Prior authorization of this service is required from the Department of Aging and Disabilities.

Reimbursement for Day Health Rehabilitation Services will not duplicate reimbursement from other State Plan, public or private funding sources.

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~~ITEM 13~~ This page describes the WAM M108 procedure (which went through public notice) for requesting services or items to be approved for Medicaid beneficiaries in addition to those services or items on a pre-approved list. For services or items in Attachment 3.1-A with pre-approved lists the service or item description includes a reference to this page (60) of the State Plan.

Procedure for Requesting Medicaid Coverage of a Service or Item

This procedure provides a way for beneficiaries to seek Medicaid coverage for medically-necessary items or services that are not already listed as pre-approved for coverage in Vermont's current Medicaid regulations. The procedure requires that a beneficiary's situation must be unique and that serious detrimental health consequences will result if the service or item is not approved for coverage, then the item or services may be approved for coverage.

Beneficiaries send a request for coverage to the department, accompanied by their physician's written recommendation for the service or item. The department reviews the request, seeks additional information as necessary, and endeavors to make the coverage decision within 30 days from the date of the request. The department evaluates each request using 10 criteria.

Each decision results in one of four outcomes. The four possible outcomes are: (1) the commissioner approves coverage of the service or item for the individual and adds it to a list of pre-approved services or items; (2) the commissioner approves coverage of the service or item for the individual and does not add it to a list of pre-approved services or items; (3) the commissioner does not approve coverage of the service or item for the individual and adds it to a list of pre-approved services or items; or (4) the commissioner does not approve coverage of the service or item for the individual and does not add it to a list of pre-approved services or items.

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TN# 99-SA
Supersedes
TN# None

Effective Date: 7/1/99

Approval Date:

12/20/99

Official

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with §1902 (a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☒ No Limitations ☐ With Limitations*
☐ Not Provided

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☒ No Limitations ☐ With Limitations*
☐ Not Provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☒ No Limitations ☐ With Limitations*
☐ Not Provided

17. Nurse-midwife services.

☒ Provided: ☒ No Limitations ☐ With Limitations*
☐ Not Provided

18. Hospice care (in accordance with §1905 (o) of the Act).

☒ Provided: ☒ No Limitations ☐ With Limitations*
☐ Not Provided

* Description provided on attachment.

TN# 94-01
Supersedes
TN# 87-7

Effective Date: 1/1/94

Approval Date: 4/19/94

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ITEM 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such services. Provided: no limitations.

b. Provided: no limitations

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TN: 85-14

Supersedes TN: 83-10

Approval Date: 11-1-85

Effective Date: 7/1/85